CLAIMS ONLY

Application Number	Filing Date
10/645833	

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
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17						
18		1				
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47						
48						
49						
50						
Total Indep	1					
Total Depend	19					
Total Claims	20					

May be used for additional claims or amendments

CLAIMS		Indep	Depend	Indep	Depend	Indep	Depend
51							
52							
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97							
98							
99							
100							
Total Indep							
Total Depend							
Total Claims							